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SUBJECT: RUSSIAN HEALTH MINISTRY AND USG COUNTERPARTS REFINE PRIORITIES FOR HEALTH COOPERATION

REF: MOSCOW 1181 (NOTAL)

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SENSITIVE BUT UNCLASSIFIED -- PLEASE PROTECT ACCORDINGLY.

¶11. (U) SUMMARY: Russia's Deputy Health Minister Veronika Skvortsova expressed strong interest in broadened cooperation with the United States through the Bilateral Presidential Commission and related health agreements in meetings with officials of the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and other USG counterparts in November and December. Russia's top priorities are to tackle cardiovascular disease, cancer, and external causes of death (including trauma), the three main drivers of Russia's high early mortality rates. Skvortsova told CDC she is willing to support exchanges of health professionals. She is especially interested in exchanges focused on international best practices in alcohol and tobacco regulation, cancer prevention, telemedicine and rural health care, and training of young scientists in clinical research. Identifying areas of collaboration is relatively easy; overcoming persistent barriers to cooperation -- including taxation of science grants, customs issues, and visa difficulties -- will be a major challenge. END SUMMARY.

¶12. (U) Before Presidents Obama and Medvedev announced their Bilateral Presidential Commission in July, Russia's Ministry of Health and Social Development (MOHSD) showed early interest in revitalizing cooperation with the United States on public health and medical science (reftel). On July 6, the first day of the presidents' Moscow summit meeting, Deputy Minister Veronika Skvortsova and Ambassador Beyrle signed a Memorandum of Understanding (MOU) outlining shared areas of interest in health cooperation: infectious and non-infectious diseases, promotion of healthy lifestyles, maternal and child health, and global health. Following the summit, MOHSD proposed a draft list of action items to implement the MOU. On November 30, NIH signed a Statement of Intent on scientific cooperation with the Russian Academy of Medical Sciences. In a November 20 meeting with CDC's Acting Deputy Director and in a December 1 meeting with NIH officials, Deputy Minister Skvortsova discussed areas of shared interest and joint

activities that could be undertaken in the near term to create a record of early accomplishments for the Presidential Commission's Health Working Group.

PREVENTING CARDIOVASCULAR DISEASE AND CANCER

¶13. (SBU) On November 20, on the margins of the first Global Ministerial Conference on Road Safety, Skvortsova told CDC's Acting Deputy Director Dr. Ileana Arias that MOHSD's top priorities are addressing cardiovascular disease and cancer. (Note: These are Russia's two leading causes of death, having caused 57 and 14 percent, respectively, of all deaths in 2008. End note.) Skvortsova said that Russia is mounting a major program of cancer prevention focused on high-risk groups. She said that her ministry is also interested in studying international best practices in regulation of tobacco and alcohol. (Note: Leading Russian health experts attribute 22 and 17 percent of all the country's deaths, respectively, to the effects of alcohol and tobacco use. End note.)

¶14. (SBU) Skvortsova responded positively to Dr. Arias' suggestion that CDC and MOHSD arrange a series of visits by Russian physicians and researchers to the United States lasting from one month to one year or longer. Skvortsova said that MOHSD would be glad to host U.S. visitors as part of such a program. Skvortsova also said that the Russian government is cooperating with NGOs to reduce tobacco use and alcohol consumption, and she showed strong interest in Dr. Arias' description of wellness programs within the U.S. economic stimulus package.

IMPROVING ROAD SAFETY AND TRAUMA CARE

¶15. (SBU) Joe Toole, Associate Administrator for Safety at the
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Federal Highway Administration, attended the meeting between Dr. Arias and Deputy Minister Skvortsova, organized at the request of DOS Sr. Health Advisor Nancy Carter-Foster, chair of the Interagency Global Road Safety Roundtable. He commented on the need for road traffic authorities and health agencies to coordinate their efforts to improve road safety. (NOTE: "External causes," which include traffic accidents and other forms of trauma, are Russia's third leading cause of death. END NOTE.) He suggested that highway and health authorities can cooperate to reduce traffic deaths by identifying factors that contribute to road accidents, which can often be remedied through simple and inexpensive fixes, such as placing signage or trimming plant growth.

¶16. (SBU) Skvortsova agreed with the need for interagency coordination. She said that Russia's vast, sparsely populated areas and poorly developed road infrastructure contribute to a serious problem of trauma and death from highway accidents. She explained that Russia is working to develop a system of telemedicine that would allow physicians in Moscow and regional centers to diagnose and recommend treatment for patients in remote locations through transmission of medical data and images. This project is part of a broader effort within the Russian health care system, active since 2008, to improve and restructure cardiovascular care by creating a network of regional centers. In addition, Sergey Goncharov, director of the MOHSD emergency medicine center "Zashchita" (Defense), expressed interest in sharing information on training, equipment, and techniques used in U.S. trauma care and emergency response.

¶17. (U) Skvortsova and Arias agreed that their agencies would exchange written statements on their top priorities for cooperation and would suggest specific activities. Subsequent meetings would also include the Ministries of Interior and Transport, the other major agencies involved in road safety.

BRINGING RESEARCHERS TOGETHER

¶18. (SBU) In their December 1 meeting with Deputy Minister

Skvortsova, Dr. Roger Glass, NIH's Associate Director for International Research and Director of the Fogarty International Center, and Dr. John Gallin, Director of NIH's Clinical Center, asked Skvortsova to consider ways of reducing barriers to cooperation. Specifically, Glass cited Russia's taxation of NIH grants and bureaucratic difficulties with exchanging people and scientific materials such as reagents. NIH funding for research in Russia increased from \$4.2 million in fiscal year 2005 to over \$10 million in fiscal 2008, but given Russia's size and large scientific community, Dr. Glass said, cooperation should be far more active.

¶9. (SBU) Glass told Skvortsova that NIH is interested in joint work on cancer and tuberculosis research, training of young scientists in principles of clinical research, and convening a health sciences forum under the Statement of Intent signed with the Russian Academy of Medical Sciences on November 30. He told Skvortsova that HHS Assistant Secretary Howard Koh plans to visit Moscow in spring 2010 to discuss the health sciences forum and future steps.

¶10. (SBU) Skvortsova said that MOHSD's priority interests include basic research and its applications to clinical research. She expressed great interest in NIH's course on the principles and practice of clinical research and assured Drs. Glass and Gallin that her staff would study the course materials thoroughly. (COMMENT: Dr. Gallin was impressed with the opportunities to partner with Russian colleagues in bringing the course to Russia and will be pursuing collaborations. END COMMENT.) Skvortsova also asked for further information on NIH's research grants, saying that she wanted to ensure "symmetrical" funding of joint projects from Russian agencies.

¶11. (SBU) COMMENT: Dr. Skvortsova is Russia's highest ranking policymaker focused exclusively on public health, and her portfolio is an immense burden for a single official. As a medical

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researcher, her area of expertise is neurology and the study of strokes; this interest influences her policy focus. Her scientific background may also make her sympathetic to USG proposals to remove bureaucratic and political obstacles that prevent scientists from collaborating. This effort is likely to be among the more daunting tasks on the bilateral health agenda, as it will require cooperation by the Finance Ministry (in the case of grant taxation) as well as other agencies. END COMMENT.

¶12. (U) NIH/Fogarty International Center Director Roger Glass, CDC Acting Deputy Director Ileana Arias, and State Department/OES Senior Advisor Nancy Carter-Foster cleared this cable.

BEYRLE